PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

6787521

CLAIMS AS FILED - PART I												
	OTAL CLAIRA	• .	(Column 1)		•	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			32					RATE	FEE]	RATE	FEE
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	36 m	inus 20=	.](ပ		X\$ 9=		OR	X\$18=	288
N	DEPENDENT (CLAIMS	Sn	ninus 3 =	. 5	-		X43=		OR	X86=	171
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	1	+290=	 ` ' '
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	-	OR	TOTAL	1270	
CLAIMS AS AMENDED - PART II								TOTAL		٦٥٨	OTHER	<u> </u>
8.	17-07	(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI/ TIONAL FEE
	Total	. 36	Minus	· 3	6	8		X\$ 9=		OR	X\$18=	/
AME.	Independent	FINATION OF M	Minus	DENDENT.	5	=		X43=		OR	X86€	
Щ	ring i PRESI	ENTATION OF M	OLTIPLE DE	PENDENI	CLAIM			+145=		OR	290=	
							L.	TOTAL			TOTAL	7
ADDIT. FEE L (Column 1) (Column 2) (Column 3)											ADDIT. FEE	
8		CLAIMS REMAINING		HIGHE	ST		Г	<u> </u>	ADDI-	1 [ADDI-
		AFTER PREVI		PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT		AMENDMENT		PAID F	OR	 	-		FEE			FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATION OF MI	Minus	ENDENT (CI AIM			X43= ·	•	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		ÖR	+290=	
								TOTAL		OR .	TOTAL	
(Column 1) (Column 2) (Column 3)								DII. FEE	•		DDIT. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ST ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL
	Total	•	Minus	**		=		X\$ 9=			X\$18=	FEE
	Independent		Minus	***			-		-	OR -		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	X43=		OR L	X86=	·
• H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 									OR L	+290=	·
#	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR A	TOTAL DDIT. FEE	
T	he "Highest Num	niber Previously Paid ber Previously Paid	ic for IN THIS For (Total or	SPACE is independent	ess than i) is the l	3, enter *3.* highest number		in the app	ropriate box			